

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

1. File Number U - <u>6198</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MICHAEL J. J. SUSKO</u> P.O. Box, Bldg., Room No., if any Street <u>245 DARR STREET</u> City <u>JOHNSTOWN</u> State <u>PA</u> ZIP Code + 4 <u>15904</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION No. 110</u> Labor Organization File Number <u>012194</u> P.O. Box, Building and Room Number, if any <u>PO BOX 180</u> Street City <u>EBENSBURG</u> State <u>PA</u> ZIP Code + 4 <u>15931</u>
5. Position in labor organization. <u>UNION OFFICER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael J. Susko

On

8-23-05

Date

814-472-6646

Telephone Number

Name of Person Filing

MICHAEL J. SUSKO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DEUTSCHE ASSET MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 345 PARK AVENUE, 26TH FLOOR

City NEW YORK

State NY ZIP Code + 4 10154-0010

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name W. PA TEAMSTERS + EMPLOYERS PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 49 AUTO WAY

City PITTSBURGH

State PA ZIP Code + 4 16203-3663

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

85,751,900

12.a. Nature of interest held or income received.

UNION TRUSTEE ATTENDANCE AT
MONTHLY TRUST FUND MEETING.

GOLF: \$ 129.00

MEAL: \$ 42.00

SKILL PRIZES + AWARDS: \$ 224.00

12.b. Amount.

395

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

245 Darr Street
Johnstown, PA 15904

August 23, 2005

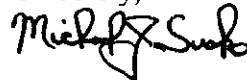
U. S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, N.W.
Washington, DC 20210

To Whom It May Concern:

Please find enclosed an *amended* form LM-30 which was inadvertently omitted from my original filing of August 12, 2005.

If you have any questions regarding this matter, do not hesitate to contact me at (814) 472-6646.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Susko". The signature is stylized with a large, looped "M" and a cursive "Susko".

Michael J. Susko